

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov

Website: <http://dps.wi.gov>

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

PROFESSIONAL COUNSELOR LICENSE/TRAINING LICENSE APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐

Your name and address are available to the public.

PLEASE TYPE OR PRINT IN INK

Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name

First Name

MI

Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

Daytime Telephone Number

month

day

year

() -

Ethnic/gender status
information is optional.

Sex:

☐ M

☐ F

Ethnic:

☐ White, not of Hispanic origin

☐ Black, not of Hispanic origin

☐ Hispanic

☐ American Indian or Alaskan

☐ Asian or Pacific Islander

☐ Other

PROFESSIONAL EDUCATION (schools, locations, degrees and date of graduation)

SCHOOL	LOCATION	DEGREE	DATE OF GRADUATION (M/D/Y)

☐ Check this box and "Training License" below if you are applying for a professional counselor training license.

APPLICATION FEES Please check applicable blank: (Make check payable to Department of Safety and Professional Services and attach to application.)

____ **Training License**

\$ 75.00 Initial Credential Fee (required)

____ **Training License Optional Fees (If you are planning to take the national exam and/or Wisconsin Statutes and Rules exam at this time, include appropriate fee with initial credentialing fee listed above.)**

____ **\$ 75.00 Wisconsin Statute and Rule Exam Fee**

____ **\$ 15.00 National Exam Contract Fee**

____ **PC Licensure Exam Applicants**

\$ 75.00 Initial Credential Fee

\$ 75.00 Wisconsin Statute and Rule Exam Fee (This fee is not required if paid with Training Optional License Fee above.)

\$ 15.00 National Exam Contract Fee (This fee is not required if paid with Training Optional License Fee above.)

\$165.00 Total Fee Attached

____ **Temporary License (Exam applicants only)**

\$ 10.00 Temporary License Fee (non-refundable)

\$ 75.00 Wisconsin Statute and Rule Exam Fee (This fee is not required if paid with the PC licensure exam option above.)

\$ 85.00 Total Fee Attached

____ **PC Licensure Reciprocity: (Individuals who hold a credential in another state or jurisdiction)**

\$ 91.00 Reciprocal Initial Fee

\$ 75.00 Wisconsin Statute and Rule Exam Fee

\$166.00 Total Fee Attached

For Receipting Use Only

Wisconsin Department of Safety and Professional Services

If you **do not** hold a master's or doctoral degree in professional counseling from a CORE or CACREP program, you must complete the enclosed **curriculum requirements grid** (Form #2239) for determining master's or doctoral degree equivalency in professional counseling. Official school transcripts and course descriptions are also required.

NOTE: Applicants applying for the **training license** do **not** check either of the next two boxes listed below.

- ☐ I hold a masters degree in Professional Counseling or an equivalent program, and state that since my degree was received, I have completed at least 3000 hours of professional counseling practice, in no less than 2 years, including at least 1000 hours of face to face client contact, under the supervision of a professional, as specified in s. MPSW 12.02(2).
- ☐ I hold a doctorate degree in Professional Counseling or an equivalent program, and state that since my degree was received, either during or after the completion of the doctorate degree program, I have completed at least 1000 hours of professional practice, under the supervision of a professional, as specified in s. MPSW 12.02(2).

IF YOU ARE CREDENTIALLED AS A PROFESSIONAL COUNSELOR ELSEWHERE:

I am credentialed in the following states or territories:

You are required to have each state board or territory of the United States in which you have ever been credentialed, submit verification (form #2572) to the Wisconsin Professional Counselor section. The verification must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions. If your credential was obtained without having taken a national exam or its equivalent, you may not be eligible for licensure by reciprocity in Wisconsin.

PROFESSIONAL COUNSELOR EXAMINATION:

Applicants by examination must take the National Counselor Examination (NCE), National Counselor Mental Health Certification Examination (NCMHCE) or the Certified Rehabilitation Counselor Examination (CRCE) to be eligible for certification as a Professional Counselor. Mark an "X" in the appropriate box.

- ☐ I need to take the NCE
- ☐ I need to take the NCMHCE
- ☐ I need to take the CRCE
- ☐ I have taken and passed the NCE, NCMHE or CRCE and have requested scores to be sent to the Wisconsin Department of Safety and Professional Services.

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Mark an “X” in the appropriate box. If you answer YES to any question, give an explanation of all details on an attached sheet. *Please print your name and birth date at the top of each attached sheet.* A “YES” response does not necessarily preclude licensure.

	<u>YES</u>	<u>NO</u>
a. Do you hold, or have you ever held a credential (license, certification or registration) as a professional counselor in any other government jurisdiction? If yes, list where; and submit the enclosed Verification Form (Form #2572) to each jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you hold, or have you ever held a credential (license, certification or registration) in any other occupation or profession in Wisconsin or any other jurisdiction? If yes, what credential(s) in which jurisdiction(s)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever applied for and been denied a credential (license, certification or registration) in any profession? If yes, give details on an attached sheet, including the name of the profession and the licensing authority.	<input type="checkbox"/>	<input type="checkbox"/>
d. Has your credential (license, certification, registration) in any profession ever been restricted, revoked, suspended, limited, surrendered or canceled, or has any other disciplinary action been taken against it in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you ever surrendered or canceled your credential (license, certification or registration) in lieu of disciplinary proceedings by the issuing authority in any profession in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	<input type="checkbox"/>	<input type="checkbox"/>
f. Is disciplinary action pending against you in any jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	<input type="checkbox"/>	<input type="checkbox"/>
g. Have you ever been the subject of a disciplinary action by a regulatory committee of a professional association? If yes, give details on an attached sheet, including the name of the association.	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you ever been convicted of a misdemeanor or felony? If yes, attach copies of all formal pleadings and all documents relevant to the ultimate resolution of the matter.	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you have any felony or misdemeanor charges pending against you? If yes, give details and identify court on attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
j. Have you ever been the defendant in a malpractice suit, and either entered into a settlement agreement or paid court-awarded damages, or is there such a suit pending? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
k. Have you ever been involuntarily terminated from any behavioral health or related employment for unprofessional conduct? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>

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CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____
(Applicant name)

Signature of Notary Public

S E A L

Date Commission Expires

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SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
Profession		
Date of Birth	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="margin-top: 5px;">month</div>	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="margin-top: 5px;">day</div>
	<div style="border-bottom: 1px solid black; width: 150px; margin: 0 auto;"></div> <div style="margin-top: 5px;">year</div>	
<div style="display: flex; align-items: center; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 24px; margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 24px; margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div> </div>		
Social Security Number or FEIN		

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

EMAIL ADDRESS:

Do you have an email address? ☐ Yes ☐ No

If yes, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

EMAIL ADDRESS: Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

If no, your checklist will be sent by first class mail.

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.